

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 29, 1999

Application or Docket Number

0631029

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	58 minus 20 =	38
INDEPENDENT CLAIMS	6 minus 3 =	3
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

1/25/05

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	58 minus	58	
Independent	6 minus	6	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
	\$45.00			\$90.00
X5 9=		OR	X518=	684
X39=		OR	X78=	231
+130=		OR	+260=	
TOTAL		OR	TOTAL	1608

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X5 9=		OR	X518=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	54 minus	56	
Independent	6 minus	6	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X5 9=		OR	X518=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

12/1/05

AMENDMENT C	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	54 minus	58	
Independent	6 minus	6	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X5 9=		OR	X518=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "30."
* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Form PTO-219
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